



Office Use
Date Received _____

Interview Date _____

CINCINNATI CHILDREN'S VOLUNTEER APPLICATION

Qualified volunteer applicants will receive consideration for placement without regard to race, color, religion, sex, national origin, age, genetic information, physical or mental disability, military or veteran status, sexual orientation, or other protected status in accordance with federal, state, and local laws and regulations.

PERSONAL

Legal First & Last Name: _____ Preferred Name: _____

Preferred Phone Number: _____ Email Address: _____

Mailing Address: _____
Address City State Zip Code

Emergency Contact: _____
Name Phone # Relationship

Social Security #: _____ (REQUIRED) Date of Birth: _____
Month/Day/Year

Birth country if not USA: _____

Are you a United States Citizen? YES NO (If no, see below)

If NO, are you a Lawful Permanent Resident (Green Card Holder)? YES NO (If no, see below)

If NO, what is your country of citizenship? _____

If NO, please indicate Visa status type (F-1, J-1, H1B, etc.) _____ Visa expiration date: _____

EDUCATION

High School: _____ Year Graduated: _____

College/University: _____ Major: _____

CURRENT EMPLOYER

Company: _____ Job Title: _____

Supervisor's Name: _____ Phone #: _____

Please list major duties and responsibilities _____

PREFERRED LOCATION TO VOLUNTEER: Rank in order of preference (1-9)

Anderson ____	Burnet Campus ____	College Hill ____
Eastgate ____	Fairfield ____	Green Twp ____
Liberty Campus ____	Mason ____	Northern KY ____

I'm applying to volunteer with the Dog Therapy Program and my dog has already been tested and accepted into the program by Edith Markoff.

I am an experienced sewer and have interest in volunteering in the Sewing Room.

AVAILABILITY

Please check several times that you'd be available to commit to a consistent weekly shift

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning	<input type="checkbox"/>						
Afternoon	<input type="checkbox"/>						
Evening	<input type="checkbox"/>						

*Shifts rarely start before 8am

INVITATION TO SELF-IDENTIFY

Cincinnati Children's is subject to certain government record keeping and reporting requirements for administration of applicable civil rights laws and regulations. As a result, we invite volunteer applicants to voluntarily self-identify their race and ethnicity. Your decision to provide this information is optional and in no way affects the processing of your application or your being considered for volunteer positions. This information is used for statistical purposes only.

PLEASE ANSWER THE FOLLOWING QUESTION:

What is your race/ethnicity? Please mark the one box that describes the race/ethnicity category with which you primarily identify.

- Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American: a person having origins in any of the black racial groups of Africa.
- Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races: a person who primarily identifies with two or more of the above race/ethnicity categories.
- Choose not to respond.



ACKNOWLEDGEMENT

As a volunteer at CCHMC:

1. I will be punctual and conscientious in the fulfillment of my responsibilities. If for any reason I cannot serve at the assigned time I will notify the volunteer office.
2. I will commit to at least 2 hours a week for at least six consecutive months.
3. I will consider as CONFIDENTIAL all information concerning patients, which I hear directly or indirectly. I will not seek information regarding patients and families.
4. I will promptly complete all annual safety training and medical requirements.
5. I will uphold the standards and policies of Cincinnati Children's Hospital Medical Center.
6. I will return my CCHMC ID badge when I stop volunteering.
7. I certify that the facts and information provided by me on this application are true and complete. I agree that if selected to volunteer, incorrect, incomplete, or falsified information will be grounds for discontinuing my relationship with CCHMC regardless of when discovered.
8. I authorize CCHMC to investigate all statements made herein or in my interviews and to obtain conviction records, make volunteer reference checks and obtain any other information relevant to my volunteering. I release CCHMC and all parties from any and all liability for any damages that may result from obtaining or furnishing such information.
9. I agree to observe all present and subsequently issued volunteer policies and procedures. I understand that such policies and procedures do not constitute a contract of volunteering between me and CCHMC, and that CCHMC may revise its policies and procedures at any time.
10. I understand that CCHMC maintains a drug-free workplace as required by the Drug-Free Workplace Act of 1988. I understand that the unlawful manufacture, distribution, sale, possession, or use of controlled substance or illegal drugs by CCHMC's volunteers is prohibited on CCHMC time and in and on CCHMC's owned or controlled property.
11. I understand that CCHMC is tobacco/smoke free and tobacco odor is not permitted. I must be completely free of tobacco odor.
12. I understand that the Volunteer Department is not obligated to provide a placement, nor am I obligated to accept the position offered.

Signature

Date

Email completed application to:

VolunteerServices@cchmc.org

Please email or call 513-636-4396 with questions.

CRIMINAL BACKGROUND CHECK DISCLOSURE

The offenses listed below are a partial list of Ohio offenses that will prohibit you from working at Cincinnati Children's Hospital Medical Center. Similar federal or other state offenses also are disqualifying. Certain positions have additional disqualifying offenses.

Abduction	Illegal Administration of a Veterinary Drug	Placing Harmful Objects in Food or Confection
Aggravated Arson	Illegal Administration of Distribution of Anabolic Steroids	Possession of Drugs
Aggravated Assault	Illegal Assembly or Possession of Chemicals for the Manufacture of Drugs	Prohibitions Concerning Companion Animals
Aggravated Burglary	Illegal Conveyance of Weapons or Prohibited Items onto Grounds of Detention Facility or Institution	Promoting Prostitution
Aggravated Menacing	Illegal Conveyance or Possession of Deadly Weapon in Courthouse	Prostitution; after positive HIV test
Aggravated Murder	Illegal Conveyance or Possession of Deadly Weapon in School Safety Zone	Public Indecency
Aggravated Robbery	Illegal Dispensing of Drug Samples	Rape
Aggravated Theft	Illegal Manufacture of Drugs	Receiving Stolen Property
Aiding Escape	Illegal Processing of Drug Documents	Reckless Homicide
Arson	Illegal Use of a Minor In Nudity-Oriented Material or Performance	Riot
Assault	Illegal Use of SNAP or WIC Program Benefits	Robbery
Assaulting Police Dog	Impersonation of Peace Officer	Securing Writings by Deception
Breaking and Entering	Importuning	Sexual Battery
Burglary	Improperly Discharging Firearm at or Into Habitation or School	Sexual Imposition
Carrying Concealed Weapons	Improperly Furnishing Firearms to a Minor	Soliciting
Coercion	Inciting Violence	Soliciting or Providing Support for Act of Terrorism
Compelling Prostitution	Inducing Panic	Tampering with Drugs
Compounding a Crime	Insurance Fraud	Tampering with Evidence
Contributing to Unruliness of a Child	Interference with Custody (would have been Child Stealing if committed prior to 7/1/96)	Tampering with Records
Corrupting Another with Drugs	Involuntary Manslaughter	Telecommunications Fraud
Criminal Simulation	Kidnapping	Terrorism
Cruelty to Animals	Making Terrorist Threat	Theft
Deception to Obtain a Dangerous Drug	Medicaid Fraud	Trafficking in Drugs
Deception to Obtain Matter Harmful to Juveniles	Menacing	Two or More OVI or OVUAC Violations committed within 3 years immediately preceding the submission of the application
Defrauding a Rental Agency	Menacing by Stalking	Unauthorized Use of a Vehicle
Defrauding Creditors	Misuse of Credit Cards	Unauthorized Use of Property - computer, cable, or telecommunication property
Discharge of a Firearm	Murder	Unlawful Abortion
Disclosure of Confidential Information	Obstructing Justice	Unlawful Abortion upon a Minor
Disrupting Public Services	Pandering Obscenity	Unlawful Conduct with Respect to Documents
Disseminating Matter Harmful to Juveniles	Pandering Obscenity Involving a Minor	Unlawful Display of Law Enforcement Emblem
Domestic Violence	Pandering Sexually Oriented Matter Involving a Minor	Unlawful Distribution of an Abortion Inducing Drug
Endangering Children	Participating in a Criminal Gang	Unlawful Sale of Pseudoephedrine Product
Engaging in a Pattern of Corrupt Activity	Passing Bad Checks	Unlawful Sexual Conduct with a Minor, formerly Corruption of a Minor
Enticement or Solicitation to Patronize a Prostitute; Procurement of a Prostitute for Another	Patient Abuse or Neglect	Voluntary Manslaughter
Escape	Patient Endangerment	Voyeurism
Ethnic Intimidation	Permitting Child Abuse	Workers' Compensation Fraud
Extortion	Permitting Drug Abuse	
Failing to Provide for a Functionally Impaired Person	Personating an Officer	
Felonious Assault		
Forging Identification Cards or Selling or Distributing Forged Identification Cards		
Funding Drug Trafficking		
Gross Sexual Imposition		
Having Weapons While Under Disability		
Human Trafficking		
Identity Fraud		